

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90160 047 \*\*\*150.00  
04-14-1999 90160 048 \*\*\*\*\*8.75

DOCUMENT # P98000018192

1. Corporation Name  
HEAVEN'S INVESTORS, INC.

Principal Place of Business  
4770 NW 2ND AVE.,STE.D  
BOCA RATON FL 33431

Mailing Address  
4770 NW 2ND AVE.,STE.D  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/23/1998

4. FEI Number  
65-0836576  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 811135  
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Boca Raton FL  
29 33481 30 USA

9. Name and Address of Current Registered Agent

DAVELL, WILLIAM C  
NATIONSBANK TOWER, 1 FINANCIAL PLAZA  
#2602  
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name David A. Rustine  
82 Street Address (P.O. Box Number is Not Acceptable)  
4550 NW 2nd Ave.  
83 Suite D  
84 City Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
RUSTINE, DAVID A  
STREET ADDRESS 4770 NW 2ND AVE.,STE.D  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME VPD  
PARKER, EDWIN W  
STREET ADDRESS 4770 NW 2ND AVE.,STE.D  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME ST  
PARKER, EDWIN W  
STREET ADDRESS 4770 NW 2ND AVE.,STE.D  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)